

R. RAYMOND GREEN, M. D.

PHYSICIAN & SURGEON

98 SOUTH MAIN STREET

HEBER CITY, UTAH

PHONE 342

9-16-68

Dear Folks,

We are trying to help
Lee Eskelson do his genealogy.

Do you, by chance, have
a copy of family group
sheets on:

① Jens Eskelson & his
wife & family (Sophie
Catharina Margrethe
Jacobsen.

② or Dr Marquis Deha
Fayette Lee & Julia Ann
Lee & family.

If so, would you send
us such a copy,

Sincerely,
Dr. Green

REVENUE DEPARTMENT

OFFICE OF THE COMMISSIONER

WASHINGTON, D. C.

1913

1913

HUSBAND

Birth _____ Place _____
 *Chr. _____ Place _____
 Death _____ Place _____
 Burial _____ Place _____
 Father _____ Mother _____
 Married _____ Place _____
 Other Wives (if any) _____

WIFE

Birth _____ Place _____
 *Chr. _____ Place _____
 Death _____ Place _____
 Burial _____ Place _____
 Father _____ Mother _____
 Other Hus. (if any) _____

Where was information shown on this family record obtained?

HUSBAND'S
 Name (in full) _____
 Wife _____

TEMPLE ORDINANCE DATA

HUSBAND
 Baptized _____
 Endowed _____

(Relationship of Family Representative to Husband)

WIFE
 Baptized _____
 Endowed _____
 Sealed to Husband _____

(Relationship of Family Representative to Wife)

*Christening date requested only in lieu of birth date (not L.D.S. Church Blessing).
 #List other wives or husbands in order of marriage. #List complete maiden name for all females.

| Sex M F | List each child (whether | C |
|---------------|--------------------------|---|
| | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
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| | 6 | |
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| | 15 | |

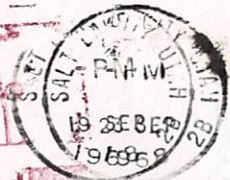
R. RAYMOND GREEN, M. D.
 98 South Main Street
 HEBER, UTAH 84032

Moved
1960

Moved, left no address
No such number
Moved, not forwardable
Addressee unknown

656
9-25-68

James M Pitt
656 Cox Place
Salt Lake City, Utah
James Paul Pitt
620 So 900 E.
SLC



HUSBAND LEE, Marquis De La Fayette (doctor)

Birth _____ Place _____
*Chr. _____ Place _____
Death _____ Place _____
Burial _____ Place _____
Father _____ Mother† _____
Married _____ Place _____
†Other Wives (if any) _____

Where was information shown on this family record obtained?

WIFE DAVIS, Julia Anne

Birth _____ Place _____
*Chr. _____ Place _____
Death _____ Place _____
Burial _____ Place _____
Father _____ Mother† _____
†Other Hus. (if any) _____

Family Representative: _____

Name and address of person submitting this sheet.

HUSBAND'S
Name (in full) _____
Wife _____

TEMPLE ORDINANCE DATA

HUSBAND
Baptized _____
Endowed _____

(Relationship of Family Representative to Husband)

WIFE
Baptized _____
Endowed _____
Sealed to Husband _____

(Relationship of Family Representative to Wife)

*Christening date requested only in lieu of birth date (not L.D.S. Church Blessing).
†List other wives or husbands in order of marriage. #List complete maiden name for all females.

| Sex M F | CHILDREN List each child (whether living or dead) in order of birth | WHEN BORN | | | WHERE BORN | | State or Country | DIED | | | MARRIED (First Husband or Wife) List Additional Marriages with Dates on Reverse Side of Sheet | BAPTIZED (Date) | ENDOWED (Date) | SEALED To Parents Date & Temple |
|---------------|--|-----------|-----|-----|------------|--------|------------------------|------|-----|-----|--|--------------------|-------------------|---------------------------------------|
| | | Day | Mo. | Yr. | Town | County | | Day | Mo. | Yr. | | | | |
| | 1 | | | | | | | | | | Date _____ To _____ | | | |
| | 2 | | | | | | | | | | Date _____ To _____ | | | |
| | 3 | | | | | | | | | | Date _____ To _____ | | | |
| | 4 | | | | | | | | | | Date _____ To _____ | | | |
| | 5 | | | | | | | | | | Date _____ To _____ | | | |
| | 6 | | | | | | | | | | Date _____ To _____ | | | |
| | 7 | | | | | | | | | | Date _____ To _____ | | | |
| | 8 | | | | | | | | | | Date _____ To _____ | | | |
| | 9 | | | | | | | | | | Date _____ To _____ | | | |
| | 10 | | | | | | | | | | Date _____ To _____ | | | |
| | 11 | | | | | | | | | | Date _____ To _____ | | | |
| | 12 | | | | | | | | | | Date _____ To _____ | | | |
| | 13 | | | | | | | | | | Date _____ To _____ | | | |
| | 14 | | | | | | | | | | Date _____ To _____ | | | |
| | 15 | | | | | | | | | | Date _____ To _____ | | | |